Form # 1239 Rev. 4/70
P. M. U. S. A.

PHILIP MORRIS U. S. A.

SALESMAN'S EXPENSE VOUCHER

DRAFT NO. ← FILL IN

DO NOT WRITE HERE → GROUP | SALESMAN'S NUMBER

SALESMAN'S NAME (PRINT) | WEEK ENDING (SATURDAY) 19

HEADQUARTERS (CITY-STATE) | TERRITORY CODE | REGION NO. | SECTION NO.

Receipts must be attached to duplicate copy which is mailed to immediate superior for all expenses. Such receipts must be on Certified Bill Head showing date, items purchased and value, and must be signed by the person receiving payment.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL	Acct. Code
Hours Worked									FOR OFFICE USE ONLY
Explanation Time Not Worked									
Town and State Where Expenses Were Incurred									
Personal And Other Expenses									
Room									
Meals									
Telephone, Telegrams, Postage									
Transportation Paid By You (other than company car)									
Personal Smokes									
Supplies - Office, Etc.									
Total Personal and Other Expenses									
Samples									
Switch Sampling									
Samples - Other (Specify)									
Incentive Promotions									
Dealer Incentives									
PARLIAMENT	170	Packs	@ 32¢					54.42	
MARLBORO	150	Packs	@ 32¢					48.00	
VIRGINIA SLIMS	140	Packs	@ 32¢					44.80	

MERCHANDISING PROGRAM EXPENSES SHOW TOTALS FROM PERFORMANCE REPORTS - LOCAL PROMOTIONS

WEEKLY TOTALS PLANS A & C (FORM #1762)		
WEEKLY TOTAL PLANS B & B-1 (FORM #1763)		

SHOW AIR TRAVEL CARD CHARGES SEE INSTRUCTIONS #11

TRIP DATE	TICKET NO.	ORIGIN	DESTINATION	AMOUNT
				$

TOTAL EXPENSES ABOVE		
AUTO EXPENSE (FROM AUTO EXPENSE STATEMENT)		
TOTAL EXPENSE		

Comments:

SIGNATURE | ADDRESS | CITY | STATE | ZIP CODE

Duplicate - Mail To Immediate Superior

1005200924

Source: https://www.industrydocuments.ucsf.edu/docs/ktwm0000